MYXŒDEMA WITH ASCITES: REPORT OF A CASE.

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P. H. B., aged forty-four years, presented himself for examination April 8, 1903. He gave the following history: Since six years he had noted a progressive malaise although his appetite had remained fair and he had gained fifteen pounds in weight in the past year. The family history was negative and no factors of etiological importance could be elicited. His habits had been exemplary in every way and he lived the quiet life of a country merchant.

Although the weather at the time of examination was warm, he was clad in a heavy suit of clothes and two suits of underwear; he still complained that the room was cold. His expression was heavy, the cheeks were full and overhanging, and the puffiness under the eyes was marked. The tongue was thick and showed the indentations of the teeth. The speech was slow and deliberate, but not defective in any way. The vocal organs were unaffected. No dryness of the mouth was complained of and taste was normal. The sight likewise was unimpaired. There was headache more or less constant, and there were pains in the lumbar region which often extended down the legs. The fingers were bluish, cold and clumsy, but not appreciably thickened. The dorsum of the hand was puffy and showed leukoplacic patches which contrasted markedly with the brown skin of the remainder of the surface. The skin over the entire body was inelastic, dry, and scaly. Sensation was not affected. There was no loss of hair. The reflexes were reduced, but present, and the gait was slow and deliberate. The pulse was 60 per minute, very small and difficult to feel. The heart sounds were faint, but unaltered in character. The area of cardiac dulness was unchanged. The abdomen was markedly distended. Dulness extended 3 cm. above the umbilicus. The line of dulness varied with a change in position and a palpatory wave could be clearly made out. The blood count gave red blood corpuscles 4,500,000, white blood corpuscles 1200, hæmoglobin 70 per cent. The leukocyte percentages and the red cells were unaltered. The urine was 1022 specific gravity and contained neither albumin nor sugar. The thyroid gland was impalpable.

The patient was placed at once on thyroid tablets, three five-grain tablets per day. Four days later the condition was unchanged, but the patient declared he felt better, a fact evidenced by the removal of one suit of underclothing. At this time his pulse was 66, temperature 97.2°, respiration 14. Five days later I was sent for because

the patient had developed a fever and was nervous and sleepless. I found him with a temperature of 103°, pulse 120, respiration 26. The pulse was very weak but regular, and the area of cardiac dulness was normal. He complained of faintness and a sense of impending disaster. There were severe pains in the back and limbs. These pains lead the attending physician to prescribe sodium salicylate upon the diagnosis of rheumatism. The thyroid tablets had been continued, although the danger of thyroidism had been mentioned. The tablets were withdrawn for a few days and the evidence of intoxication rapidly subsided. During the short period of acute thyroid intoxication the symptoms of the disease disappeared so rapidly that when I saw him the puffiness of the face was markedly less, and the ascites had entirely disappeared. After an interval of a few days the tablets were resumed and gradually increased to four per day without the reappearance of unpleasant symptoms. After the acute thyroidism had disappeared the heart became irregular both in rate and volume. These untoward symptoms disappeared in the course of a few weeks while the patient continued the treatment.

The patient continues to take from two to five grains of the extract per day and remains well.

The interesting point in this otherwise typical case was the presence of ascites. I can find but one case in the literature[1] where this complication was noted. Another interesting feature was the presence of leukoplacic spots on the backs of the hands. I can find a record of no other such occurrence. It occurs occasionally in exophthalmic goitre, which taken together with the fact that they became markedly less under specific treatment, may indicate some relationship to thyroid disease. The acute thyroidism was typical and is of interest only because of the relatively small dosage required to produce it.

SPINAL CORD DEGENERATIONS IN A CASE OF ACROMEGALY, WITH TUMOR OF THE PITUITARY REGION.

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The following report is of a case which clinically presented symptoms of acromegaly and anatomically a large tumor of the pituitary region, with degenerations in the optic nerves and non-systemic

[1] Godart, Un cas de myxœdeme avec asite. Soc. royal des sci. med. Bruxelles, 13 Juillet, 1895.